



**The Society of Thoracic Surgeons
General Thoracic Surgery Database
Non-analyzed Procedure
Data Collection Form
Version 2.2**

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- Procedures listed on this form, unless performed in conjunction with a major procedure, are not risk adjusted or analyzed and are not mandatory to collect.
- If the Surgeon Participant chooses to track these cases, the following data set is recommended.

Demographics	
Patient ID: _____	Medical Record #: _____
First Name: _____	MI: _____ Last Name: _____ SSN#: _____
STS Trial Link #: _____	
Date of Birth: ____/____/____ Age: _____	Patient Zip Code: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: <i>Select all that apply</i> → White/Caucasian <input type="checkbox"/> Yes <input type="checkbox"/> No Black/African American <input type="checkbox"/> Yes <input type="checkbox"/> No	
Asian <input type="checkbox"/> Yes <input type="checkbox"/> No American Indian/Alaskan Native <input type="checkbox"/> Yes <input type="checkbox"/> No	
Native Hawaiian/Pacific Islander <input type="checkbox"/> Yes <input type="checkbox"/> No Other <input type="checkbox"/> Yes <input type="checkbox"/> No	
Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hispanic or Latino Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Admission	
Admission Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient / Observation	<i>If Inpatient</i> → Admission Date: ____/____/____
Payor: <i>Select all that apply</i> ↓	
Government Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Yes: Select all that apply:</i> ↓	
Medicare <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes</i> → Fee For Service: <input type="checkbox"/> Yes <input type="checkbox"/> No Medicare Health Insurance Claim (HIC)#: _____
Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Health Care <input type="checkbox"/> Yes <input type="checkbox"/> No
State-Specific Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Indian Health Service <input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-U.S. Insured <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Maintenance Organization <input type="checkbox"/> Yes <input type="checkbox"/> No	None / Self <input type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon Name: _____ Surgeon's National Provider ID: _____	
Taxpayer ID#: _____ Hospital Name: _____	
Hospital Zip Code: _____ Hospital State: _____ Hospital's National Provider ID: _____	
Diagnosis (Category of Disease) and Procedures	
<i>Category of Disease: Check both Primary and Secondary Diagnosis (Category of Disease). Indicate (circle) the Primary Diagnosis.</i>	
Category of Disease (ICD-9, ICD-10)	Trachea & Larynx
<input type="checkbox"/> Tracheomalacia-congenital (748.3, Q32.0) <input type="checkbox"/> Tracheomalacia-acquired (519.1, J39.8) <input type="checkbox"/> Tracheostenosis-congenital (748.3, Q32.1) <input type="checkbox"/> Tracheostenosis-acquired (post intubation) (519.1, J39.8) <input type="checkbox"/> Tracheostomy-hemorrhage (519.09, J95.01) <input type="checkbox"/> Tracheostomy related stenosis (519.02, J95.03) <input type="checkbox"/> Tracheal tumor, malignant (162.0, C33)	<input type="checkbox"/> Tracheal tumor, benign (212.2, D14.2) <input type="checkbox"/> Tracheal tumor, metastatic (197.3, C78.30) <input type="checkbox"/> Subglottic stenosis-congenital (748.3, Q31.1) <input type="checkbox"/> Subglottic stenosis-acquired (post intubation) (478.74, J38.6) <input type="checkbox"/> Vocal cord paralysis unspecified (478.3, J38.00) <input type="checkbox"/> Vocal cord paralysis, unilateral (478.31, J38.01) <input type="checkbox"/> Vocal cord paralysis, bilateral (478.33, J38.02)

Lung		
<input type="checkbox"/> Lung tumor, metastatic (197.0, C78.00)	<input type="checkbox"/> Lung abscess (513.0, J85.2)	
<input type="checkbox"/> Lung tumor, benign (212.3, D14.30)	<input type="checkbox"/> Gangrene and necrosis of lung (513.0, J85.0)	
<input type="checkbox"/> Lung cancer, main bronchus, carina (162.2, C34.00)	<input type="checkbox"/> Pneumothorax (512.8, J93.1)	
<input type="checkbox"/> Lung cancer, upper lobe (162.3, C34.10)	<input type="checkbox"/> Bronchiectasis (494.0, J47.9)	
<input type="checkbox"/> Lung cancer, middle lobe (162.4, C34.2)	<input type="checkbox"/> Empyema with fistula (510.0, J86.0)	
<input type="checkbox"/> Lung cancer, lower lobe (162.5, C34.30)	<input type="checkbox"/> Empyema without fistula (510.9, J86.9)	
<input type="checkbox"/> Lung cancer, location unspecified (162.9, C34.90)	<input type="checkbox"/> Emphysema (492.8, J43.8)	
<input type="checkbox"/> Acute respiratory failure (518.81, J96.00)	<input type="checkbox"/> Emphysematous bleb (492.0, J43.9)	
<input type="checkbox"/> Hemothorax (511.8, J94.2)	<input type="checkbox"/> Interstitial lung disease/fibrosis (516.3, J84.1)	
<input type="checkbox"/> Pulmonary sequestration (748.5, Q33.2)	<input type="checkbox"/> Pneumonia (486.0, J18.9)	
<input type="checkbox"/> Pulmonary insufficiency following surgery/trauma (ARDS) (518.5, J95.82)		
<input type="checkbox"/> Lung nodule, benign (not a tumor, e.g., granuloma, subpleural lymph node, pulmonary infarct) (518.89, J98.4)		
Mediastinum		
<input type="checkbox"/> Mediastinitis (519.2, J98.5)	<input type="checkbox"/> Mediastinal cyst, Pericardial (519.3, J98.5)	
<input type="checkbox"/> Mediastinal abscess (513.1, J85.3)	<input type="checkbox"/> Mediastinal cyst, Thymic (519.3, J98.5)	
<input type="checkbox"/> Mediastinal cyst, Bronchogenic (519.3, J98.5)	<input type="checkbox"/> Mediastinal nodes, benign (229.0, D36.0)	
<input type="checkbox"/> Mediastinal cyst, Foregut duplication (519.3, J98.5)	<input type="checkbox"/> Lymphoma, intrathoracic (202.82, C85.92)	
<input type="checkbox"/> Mediastinal nodes, metastatic (196.1, C77.1)	<input type="checkbox"/> Posterior mediastinal malignant tumor- primary (164.3, C38.2)	
<input type="checkbox"/> Myasthenia gravis (358.0, G70.00)	<input type="checkbox"/> Posterior mediastinal tumor-metastatic (197.1, C78.1)	
<input type="checkbox"/> Anterior mediastinal tumor-metastatic (197.1, C78.1)	<input type="checkbox"/> Posterior mediastinal tumor-benign(neurogenic)(212.5,D15.2)	
<input type="checkbox"/> Anterior mediastinal tumor-benign-(e.g., teratoma) (212.5, D15.2)		
<input type="checkbox"/> Anterior mediastinal tumor-thymus tumor (thymoma, thymic carcinoma) (164.0, C37)		
<input type="checkbox"/> Anterior mediastinal tumor primary(germ cell cancer, seminoma) (164.2, C38.1)		
Thyroid		
<input type="checkbox"/> Goiter, nodular (241.9, E04.9)	<input type="checkbox"/> Thyroid neoplasm, malignant (193.0, C73)	<input type="checkbox"/> Thyroid neoplasm, benign (226.0, D34)
Pleura		
<input type="checkbox"/> Pleural effusion sterile (511.9, J90)	<input type="checkbox"/> Pleural tumor, metastatic (197.2, C78.2)	
<input type="checkbox"/> Pleural effusion, infected- (empyema) (511.1, J86.9)	<input type="checkbox"/> Pleural tumor, benign (212.4, D19.0)	
<input type="checkbox"/> Pleural effusion, malignant (197.2, C78.2)	<input type="checkbox"/> Pleural thickening (511.0, J94.9)	
<input type="checkbox"/> Pleural tumor, malignant (e.g., mesothelioma)(163.9, C45.0)		
Chest Wall		
<input type="checkbox"/> Pectus excavatum (754.81, Q67.6)	<input type="checkbox"/> Rib tumor, metastatic (198.5, C79.51)	
<input type="checkbox"/> Pectus carinatum (754.82, Q67.7)	<input type="checkbox"/> Rib tumor, benign-(e.g., fibrous dysplasia) (213.3, D16.7)	
<input type="checkbox"/> Sternal tumor, malignant (170.3, C41.3)	<input type="checkbox"/> Thoracic outlet syndrome (353.0, G54.0)	
<input type="checkbox"/> Sternal tumor, metastatic (198.5, C79.51)	<input type="checkbox"/> Sternal tumor, benign (213.3, D16.7)	
<input type="checkbox"/> Rib tumor, malignant-(e.g., osteosarcoma, chondrosarcoma) (170.3, C41.3)		
Diaphragm		
<input type="checkbox"/> Diaphragmatic hernia without obstruction or gangrene (553.3, K44.9)	<input type="checkbox"/> Diaphragm tumor, malignant (171.4, C49.3)	
<input type="checkbox"/> Diaphragmatic hernia with gangrene (551.3, K44.1)	<input type="checkbox"/> Diaphragm tumor, metastatic (198.89, C79.89)	
<input type="checkbox"/> Diaphragmatic hernia with obstruction, without gangrene (552.3, K44.0)	<input type="checkbox"/> Diaphragm tumor, benign (215.4, D21.3)	
<input type="checkbox"/> Diaphragmatic paralysis (519.4, J98.6)		
Esophagus		
<input type="checkbox"/> Esophageal cancer-lower third (150.5, C15.5)	<input type="checkbox"/> Esophagitis (530.1, K20.9)	
<input type="checkbox"/> Esophageal cancer, middle third (150.4, C15.4)	<input type="checkbox"/> Reflux esophagitis (530.11, K21.0)	
<input type="checkbox"/> Esophageal cancer, upper third (150.3, C15.3)	<input type="checkbox"/> Stricture and stenosis of esophagus (530.3, K22.2)	
<input type="checkbox"/> Esophageal cancer, esophagogastric junction (cardia) (151.0, C16.0)	<input type="checkbox"/> Dyskinesia/spasm of esophagus (530.5, K22.4)	
<input type="checkbox"/> Malignant other part esophagus (150.8, C15.8)	<input type="checkbox"/> Mallory Weiss tear (530.7, K22.6)	
<input type="checkbox"/> Malignant neo stomach unspecified (151.9, C16.9)	<input type="checkbox"/> Foreign body esophagus (935.1, T18.108a)	
<input type="checkbox"/> Esophageal tumor-benign (i.e., leiomyoma) (211.0, D13.0)	<input type="checkbox"/> Ulcer esophagus without bleeding (530.2, K22.10)	
<input type="checkbox"/> Esophageal stricture (530.3, K22.2)	<input type="checkbox"/> Ulcer esophagus with bleeding (530.21, K22.11)	
<input type="checkbox"/> Barrett's esophagus (530.85, K22.70)	<input type="checkbox"/> Esophageal perforation (530.4, K22.3)	
<input type="checkbox"/> Barrett's esophagus with High Grade Dysplasia (530.85, K22.711)	<input type="checkbox"/> Zenkers diverticulum (530.6, K22.5)	
<input type="checkbox"/> Achalasia of esophagus (530.0, K22.0)	<input type="checkbox"/> Epiphrenic diverticulum (530.6, K22.5)	
<input type="checkbox"/> Tracheoesophageal fistula (530.84, J86.)	<input type="checkbox"/> Esophageal reflux (GERD) (530.81, K21.9)	
<input type="checkbox"/> Gastric outlet obstruction, pyloric stenosis, acquired (537.0, K31.1)	<input type="checkbox"/> Acquired absence of esophagus (post esophagectomy) (V45.79, Z90.89)	
Trauma		
<input type="checkbox"/> Rib fracture (807.0, S22.39xa)	<input type="checkbox"/> Flail chest (807.4, S22.5xxa)	
<input type="checkbox"/> Multiple rib fractures (807.0, S22.49xa)	<input type="checkbox"/> Tracheal injury (807.5, S12.8xxa)	
<input type="checkbox"/> Sternal fracture (807.2, S22.20xa)	<input type="checkbox"/> Traumatic pneumothorax (860.0, S27.0xxa)	
Cardiovascular		
<input type="checkbox"/> Pericarditis with effusion (420.9, I30.9)	<input type="checkbox"/> Pericardial effusion, malignant (198.89, C79.89)	<input type="checkbox"/> SVC Syndrome (459.2, I87.1)
Miscellaneous		
<input type="checkbox"/> Hyperhidrosis, focal axilla (705.21, L74.510)	<input type="checkbox"/> Chylothorax (457.8, I89.8)	
<input type="checkbox"/> Hyperhidrosis, focal, face (705.21, L74.511)	<input type="checkbox"/> Lymphadenopathy (785.6, R59.9)	
<input type="checkbox"/> Hyperhidrosis, focal, palms (705.21, L74.512)	<input type="checkbox"/> Abnormal radiologic finding (793.1, R91)	
<input type="checkbox"/> Other unlisted category of disease		

Other Primary Specify:	If diagnosis not listed, free text here: _____		
Other Primary ICD:	Enter ICD-9 or ICD-10 of unlisted primary diagnosis, if known: _____		
Secondary, Other Secondary Specify:	If secondary diagnosis not listed, free text here: _____		
Secondary, Other Secondary ICD:	Enter ICD-9 or ICD-10 of unlisted secondary diagnosis, if known : _____		
Date of Surgery: _____/_____/_____	Status of Operation: <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Elective <input type="checkbox"/> Palliative		
Procedures			
<i>Check ALL of the procedures attempted. Indicate (circle) the Primary Procedure.</i>			
Trachea and Bronchi			
<input type="checkbox"/> Tracheostomy (31600) <input type="checkbox"/> Unlisted procedure, trachea, bronchi (31899)			
Bronchoscopy			
<input type="checkbox"/> Tracheobronchoscopy through established tracheostomy incision (31615) <input type="checkbox"/> Endobronchial ultrasound (EBUS) during bronchoscopy diagnostic or therapeutic intervention(s) (31620) <input type="checkbox"/> Bronchoscopy, diagnostic, with or without cell washing (31622) <input type="checkbox"/> Bronchoscopy, with brushing or protected brushings (31623) <input type="checkbox"/> Bronchoscopy, with bronchial alveolar lavage (BAL) (31624) <input type="checkbox"/> Bronchoscopy, with bronchial or endobronchial biopsy(s), single or multiple sites (31625) <input type="checkbox"/> Bronchoscopy, with placement of Fiducial markers (31626) <input type="checkbox"/> Bronchoscopy, navigational (31627) <input type="checkbox"/> Bronchoscopy, with transbronchial lung biopsy(s), single lobe (31628) <input type="checkbox"/> Bronchoscopy, with transbronchial needle aspiration biopsy(s) (31629) <input type="checkbox"/> Bronchoscopy, with tracheal/bronchial dilation or closed reduction of fracture (31630) <input type="checkbox"/> Bronchoscopy, with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required) (31631) <input type="checkbox"/> Bronchoscopy, with transbronchial lung biopsy(s), each additional lobe (31632) <input type="checkbox"/> Bronchoscopy, with transbronchial needle aspiration biopsy(s), each additional lobe (31633) <input type="checkbox"/> Bronchoscopy, with removal of foreign body (31635) <input type="checkbox"/> Bronchoscopy, with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus (31636) <input type="checkbox"/> Bronchoscopy, each additional major bronchus stented (31637) <input type="checkbox"/> Bronchoscopy, with revision of tracheal or bronchial stent inserted at previous session (31638) <input type="checkbox"/> Bronchoscopy, with excision of tumor (31640) <input type="checkbox"/> Bronchoscopy, with destruction of tumor or relief of stenosis by any method other than excision (e.g., laser therapy) (31641) <input type="checkbox"/> Bronchoscopy, with placement of catheter(s) for intracavitary radioelement application (31643) <input type="checkbox"/> Bronchoscopy, with therapeutic aspiration of tracheobronchial tree, initial (drainage of lung abscess) (31645) <input type="checkbox"/> Bronchoscopy, with therapeutic aspiration of tracheobronchial tree, subsequent (31646)			
Pleural Space and Lung			
<input type="checkbox"/> Thoracoscopy, diagnostic lungs and pleural space, without biopsy (32601) <input type="checkbox"/> Thoracoscopy, surgical; with pleurodesis (e.g., mechanical or chemical) (32650) <input type="checkbox"/> Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit (32653) <input type="checkbox"/> Thoracoscopy, diagnostic; with biopsy(ies) of lung infiltrate(s) (eg wedge), unilateral (32607) <input type="checkbox"/> Thoracoscopy, diagnostic; with biopsy(ies) of lung nodule(s) or mass(es) (eg incisional), unilateral (32608) <input type="checkbox"/> Thoracoscopy, diagnostic; with biopsy(ies) of pleura (32609) <input type="checkbox"/> Thoracostomy; with rib resection for empyema (32035) <input type="checkbox"/> Thoracostomy; with open flap drainage for empyema (32036) <input type="checkbox"/> Thoracotomy with biopsy(ies) lung infiltrate(s) (eg wedge), unilateral (32096) <input type="checkbox"/> Thoracotomy with biopsy(ies) lung nodule(s) or masses (eg incisional), unilateral (32097) <input type="checkbox"/> Thoracotomy with biopsy(ies) of pleura (32098) <input type="checkbox"/> Thoracotomy with cardiac massage (32160) <input type="checkbox"/> Pleural scarification for repeat pneumothorax (32215) <input type="checkbox"/> Insertion indwelling tunneled pleural catheter (32550)			
Lung Other			
<input type="checkbox"/> Repair lung hernia through chest wall (32800) <input type="checkbox"/> Closure of chest wall following open flap drainage for empyema (Clagett type procedure) (32810) <input type="checkbox"/> Total lung lavage (for alveolar proteinosis) (32997) <input type="checkbox"/> Radio-frequency ablation (RFA) lung tumor (32998) <input type="checkbox"/> Unlisted procedure, lung (32999)			
Mediastinum and Diaphragm			
<input type="checkbox"/> Thoracoscopy, diagnostic; mediastinal space, with biopsy (32606) <input type="checkbox"/> Mediastinotomy with exploration or biopsy; cervical approach (39000) <input type="checkbox"/> Mediastinotomy with exploration or biopsy; transthoracic approach (39010) <input type="checkbox"/> Mediastinoscopy, with or without biopsy (39400) <input type="checkbox"/> Unlisted procedure, mediastinum (39499) <input type="checkbox"/> Unlisted procedure, diaphragm (39599)			

Esophagoscopy	
<input type="checkbox"/> Esophagoscopy (43200) <input type="checkbox"/> Esophagoscopy with biopsy (43202) <input type="checkbox"/> Esophagoscopy with removal of foreign body (43215) <input type="checkbox"/> Esophagoscopy with insertion of stent (43219) <input type="checkbox"/> Esophagoscopy with balloon dilation (43220) <input type="checkbox"/> Esophagoscopy with insertion of guide wire followed by dilation over guide wire (43226) <input type="checkbox"/> Esophagoscopy with ablation of tumor (43228) <input type="checkbox"/> Esophagoscopy with endoscopic ultrasound examination (EUS) (43231) <input type="checkbox"/> Esophagoscopy with transendoscopic ultrasound-guided fine needle aspiration (43232) <input type="checkbox"/> Upper gastrointestinal endoscopy, diagnostic (43235) <input type="checkbox"/> Upper gastrointestinal endoscopy with endoscopic ultrasound examination limited to the esophagus (43237) <input type="checkbox"/> Upper gastrointestinal endoscopy with transendoscopic ultrasound-guided FNA (43238) <input type="checkbox"/> Upper gastrointestinal endoscopy with biopsy (43239) <input type="checkbox"/> Upper gastrointestinal endoscopy with dilation of gastric outlet for obstruction (43245) <input type="checkbox"/> Upper gastrointestinal endoscopy with directed placement of percutaneous gastrostomy tube (43246) <input type="checkbox"/> Upper gastrointestinal endoscopy with removal of foreign body (43247) <input type="checkbox"/> Upper gastrointestinal endoscopy with insertion of guide wire followed by dilation of esophagus (43248) <input type="checkbox"/> Upper gastrointestinal endoscopy with balloon dilation of esophagus (43249) <input type="checkbox"/> Upper gastrointestinal endoscopy with transendoscopic stent placement (43256) <input type="checkbox"/> Upper gastrointestinal endoscopy with ablation of tumor (43258)	
Esophagus Other Procedures	
<input type="checkbox"/> Cricopharyngeal myotomy (43030) <input type="checkbox"/> Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach (43130) <input type="checkbox"/> Esophagostomy, fistulization of esophagus, external; cervical approach (43352) <input type="checkbox"/> Closure of esophagostomy or fistula; cervical approach (43420) <input type="checkbox"/> Excision esophageal lesion with primary repair, cervical approach (43100) <input type="checkbox"/> Unlisted laparoscopy, esophagus (43289) <input type="checkbox"/> Unlisted procedure, esophagus (43499)	
Chest Wall and Neck	
<input type="checkbox"/> Excision tumor, soft tissue of neck or thorax; subcutaneous (21555) <input type="checkbox"/> Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular (21556) <input type="checkbox"/> Excision of rib, partial (21600) <input type="checkbox"/> Excision first and/or cervical rib (21615) <input type="checkbox"/> Excision first and/or cervical rib; with sympathectomy (21616) <input type="checkbox"/> Division of scalenus anticus; without resection of cervical rib (21700) <input type="checkbox"/> Division of scalenus anticus; with resection of cervical rib (21705) <input type="checkbox"/> Open treatment of sternum fracture with or without skeletal fixation (21825) <input type="checkbox"/> Hyoid myotomy and suspension (21685) secondary procedure code <input type="checkbox"/> Unlisted procedure, neck or thorax (21899)	
Miscellaneous	
<input type="checkbox"/> Thoracoscopy, diagnostic pericardial sac, with biopsy (32604) <input type="checkbox"/> Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac (32658) <input type="checkbox"/> Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage (32659) <input type="checkbox"/> Thoracoscopy, surgical; with thoracic sympathectomy (32664) <input type="checkbox"/> Tube pericardiostomy (33015) <input type="checkbox"/> Pericardial window (33025) <input type="checkbox"/> Removal substernal thyroid, cervical approach (60271) <input type="checkbox"/> Application of wound vac (XXXX) <input type="checkbox"/> Stereotactic radiosurgery (SRS) and stereotactic body radiotherapy (SBRT),surgeon participation (XXXX) <input type="checkbox"/> Other Minor Procedure (XXXX)	
Procedure Unlisted – Specify:	<i>Enter Name of unlisted Procedure(s):</i> _____ _____
Procedure Unlisted – CPT:	<i>Enter 5 digit CPT code(s) of unlisted procedure, if known:</i> _____ _____
Discharge	
Discharge Status: <input type="checkbox"/> Alive <input type="checkbox"/> Dead	
Quality Measures	
IV antibiotics ordered to be given within 1 hour before incision: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not indicated for procedure	
IV antibiotics given within 1 hour before incision: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not indicated for procedure	
Cephalosporin Antibiotic Ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not indicated for procedure <input type="checkbox"/> Documented allergy or indication for therapeutic substitution	
Prophylactic Antibiotic Discontinuation Ordered within 24 hr: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, due to documented infection <input type="checkbox"/> Not indicated for procedure	
DVT Prophylaxis Measures employed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Smoking Cessation Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient refused <input type="checkbox"/> Nonsmoker	